

JAN 13 1942

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Primary Registration District No. 1001

Registrar's No. 1204

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2112 1/2 St. Joseph Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 75 years (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME Henry A. Bassar

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. ~~None~~

4. Sex Male ( ) 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma B. Bassar 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased December 16 1866 (Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 1 If less than one day hr. min.

9. Birthplace St. Joseph Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Retired Grocery Merchant Grocery

11. Industry or business \_\_\_\_\_

12. Name Francis Bassar

13. Birthplace Paris France (City, town, or county) (State or foreign country)

14. Maiden name Oriana Prichard

15. Birthplace Unknown Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma B. Bassar (b) Address 2112 1/2 St. Joseph, Ave, St. Jos. Mo.

17. (a) Burial (b) Date thereof 12/19/41. (c) Place: burial or cremation Green Cemetery

18. (a) Signature of funeral director Walter Meischer (b) Address 1302 Farson St., St. Joseph Mo.

19. (a) Recd. 19, 1944 (b) J. Greutlebusch (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2112 1/2 St. Joseph, Avenue. 7 (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17 year 1941 hour 11 minute 20 A. M.

21. I hereby certify that I attended the deceased from April 8, 1937, to Dec 17, 1941; that I last saw him alive on Dec 17, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 10 days

Due to Influenza, Sclerosis, arterial

Due to Cerebral emboli

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 330

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 12-19-41

23. Signature Thomas Redmond (M. D. or other) M.D. Address Kirkpatrick Bldg. St. Joseph Date signed 12-18-41

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision;

Signed.....

*Ohly Jester*

Licensed Embalmer No. 4154 Missouri

P. O. Address St. Joseph, Missouri.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**